

Practice Management Update- March 2024

Cybersecurity Breach at Change Healthcare: Alternative Methods for Claims Payment

On Feb. 21, Change Healthcare encountered an external cybersecurity threat. Change Healthcare, a subsidiary of UnitedHealth Group (UHG), handles 15 billion health care transactions annually and manages one-third of patient records. This incident has ongoing significant impacts on providers utilizing Change Healthcare for claims processing, payments, patient access and prior authorizations. For practices relying on Change Healthcare for billing, payers have devised alternative methods for submitting claims and receiving payments. Click [here](#) for a compilation of recent communications from payers concerning the cyberattack and the alternative processes.

GLMS will continue to monitor payer communications on your behalf and will do everything we can to support our members through this.

Passport by Molina Healthcare In-Office Lab Policy Update

Several practice administrators alerted GLMS staff to a recent policy shift by Passport, facilitated by Molina, which had not been adequately communicated to providers. This change resulted in the removal of reimbursement for several lab tests when conducted in-office. Through collaboration with our members, we successfully engaged with Passport to reinstate many of the affected codes for in-office lab procedures.

The subsequent codes have been reinstated onto the approved list for in-office labs. Once the system is updated, claims previously denied for these codes due to edit 151 - inappropriate place of service, will be reprocessed.

- 87502
- 87634

The following codes are currently under review by Passport leadership for potential inclusion in the policy.

- 82247
- 87086
- 82746

If there are claims that were denied inappropriately (edit 151 - Inappropriate Place of Service), please contact your Passport representative.

Proper Use of Unlisted CPT Codes (and Knowing How to Appeal)

Statement from [Kim Huey](#), MJ, CHC, CPC, CCS-P, PCS, CPCO, COC (Feb. 29, 2024, [Coder's Corner](#)):

“When a coding professional assigns an unlisted code, or a physician advises the use of an unlisted code, it does not mean that the coder is too lazy to work to find the appropriate code. Likewise, it does not mean that physician was too lazy to document appropriately. I heard both these comments recently. Neither is correct – and quite frankly, both are offensive. CPT guidance for unlisted codes in the Introduction pages in the front of the manual instructs that we are not to select a CPT code that merely approximates the service. If there is no specific code, then we are to use the appropriate unlisted code. Most coding professionals will assign unlisted codes at some

point in their careers. Understanding the proper use and knowing how to appeal will ensure compliant coding and reimbursement success.”

[Click here](#) to read the full entry.

GLMS Practice Management Discussion Next Tues., Mar. 19, 8:00 a.m.

This month, we will have guest speakers from The Kentucky Department of Insurance to share information on how they can offer support to practices and address inquiries regarding plan rule delivery, credentialing, in-network/out-of-network benefits and handling coverage denials and appeals. This meeting is open to all GLMS members and their staff as an opportunity to network and discuss current news, updates, issues, or changes affecting your practice. Contact stephanie.woods@glms.org for more information on how to join the meeting.